



The Adventure Education Center at Camp Lazarus

A Non-Profit Organization

GROUP LEADER CHECKLIST

Thank you for scheduling your group(s) at The Adventure Education Center! We look forward to your experience with us and we have listed a few reminders to make your experience go more smoothly. If you have any questions please contact our office at 614.846.8946.

Upon arrival at the AEC the following forms should be *completed* and *organized*:

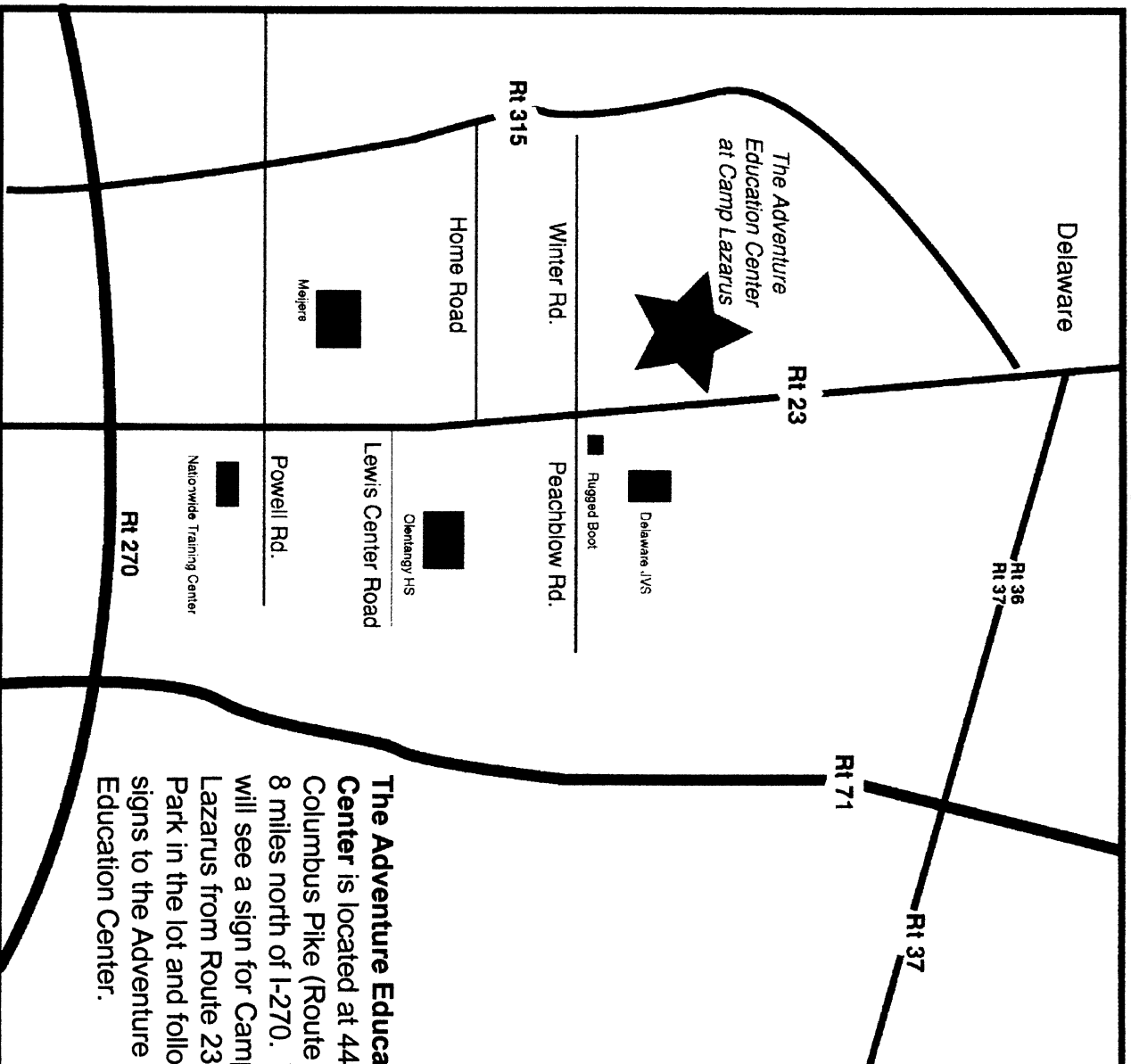
- **Blue** – youth release forms signed on **front & back** by parent or guardian. This form **must** be filled out **completely** in order to participate.
- *Adult Release Forms*
White – both sides completed by anyone over the age of 18 who will be participating.
Salmon – single sided sheet to be completed by anyone over the age of 18 who will be on site during the program, but not actively participating.
- **Yellow Sheet** – please separate your group into smaller teams of **8-12 participants**, then list each person's name, emergency contact phone number, and any concerns we need to be aware of (such as allergies or physical limitations) on each **yellow sheet**. Separate release forms (blue forms) for each group and attach to yellow sheet.

***PROPER COMPLETION OF THESE FORMS WILL HELP US GET YOUR ACTIVITY STARTED ON TIME ***

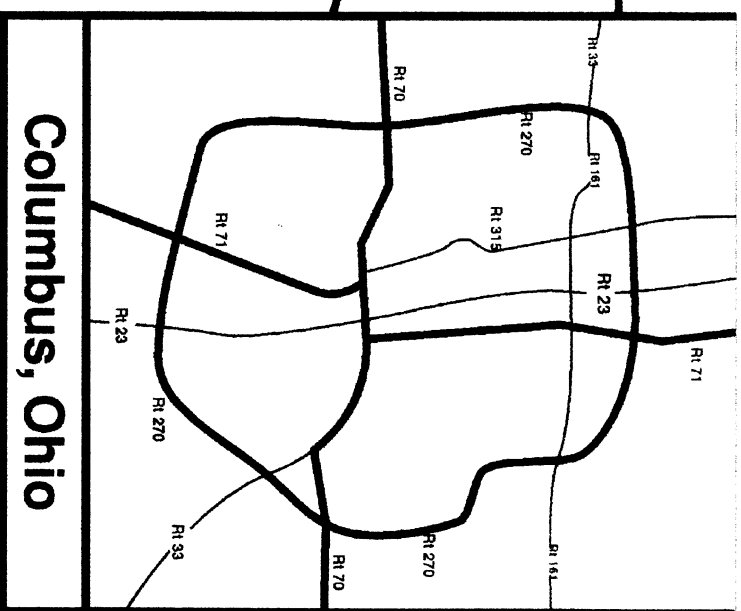
Please note the following policies/procedures:

- ✓ Please refer to your contract & invoice for all information on pricing, deposit, and cancellation policies.
- ✓ AEC programs run rain or shine so please make sure participants are dressed appropriately for their activities and the weather. *Don't forget items such as rain gear or gloves.*
- ✓ **Closed toe/heel shoes must be worn in order to participate in all AEC activities! Kayaking programs must wear closed toe/heel water shoes or old tennis shoes: open toed shoes or sandals are not acceptable footwear. PARTICIPANTS WEARING CROCS OR SIMILAR SHOES WILL NOT BE ALLOWED TO PARTICIPATE.**
- ✓ REMINDER: Cancellation/rescheduling may be done on the day of your activities in the event of **severe weather only!** *Severe weather cancellations will only be made by the AEC site coordinator.*
- ✓ Mail back your group's goal sheet **with your payment** at least a week in advance to ensure facilitators will have adequate time to help customize your groups experience.
- ✓ Group fees *do not* include meals. Meals will only be provided by the AEC if catering arrangements are made at the time of scheduling.

The Adventure Education Center at Camp Lazarus



The Adventure Education Center is located at 4422 Columbus Pike (Route 23), 8 miles north of I-270. You will see a sign for Camp Lazarus from Route 23. Park in the lot and follow the signs to the Adventure Education Center.



Columbus, Ohio

Directions from the North:
Simply Follow Route 23 South past Delaware. The Camp Lazarus sign will be on the right side of Route 23. Turn right into the parking lot.

Directions from I-70 E. or W.:
Taking I-70 towards Columbus enter onto I-270 North. Follow all the way to Route 23 (Worthington exit). Take Route 23 North 8 miles. The Camp Lazarus sign will be on the left side of Route 23. Turn left into the parking lot.

WE MEET

STATE OF OHIO EDUCATIONAL STANDARDS

Is your school being forced to make budget cuts or struggling with busing issues?

These both seem to be growing issues for many of the schools that The Adventure Education Center serve. We understand how tough it can be to get field trips approved, but also recognize the value outdoor education plays in children's development.

To help ease the burden of justifying field trips we have created a pamphlet listing how our programs meet educational standards in Science, Math, Social Studies, English Language Arts, & Technology. These standards are broken down grade-by-grade (4th through 12th) and listed by standard and indicators.

If you are interested in receiving a copy of how The Adventure Education Center's programs align with the State of Ohio Educational Standards please call our office at 614.846.8946 or send an email to ktennant@adventurecenter.org.

ACTIVITY DISCUSSION TOPICS

On the following page you will find Pre-Activity and Post-Activity Discussion Cards. Feel free to copy this sheet and cut the cards out for your students. These cards can be used in many ways.

Some Pre-Activity ideas include:

- Create a weekly theme for the 6 weeks leading up to your activity using the discussion topics. Place each week's theme word in a prominent place in the classroom and refer to it throughout the week.
- Write each of the discussion words on a large piece of paper or chalkboard. Reward students when they use one of the topics in a positive way by placing a sticker or design by the word. Variation: give students a colored sticker or stamp that corresponds to a topic word as a reward.
- Have participants answer the discussion topic questions and write answers on a large piece of paper/overhead slide where all can read and refer to them leading up to the activity.

Some Post-Activity ideas include:

- Discuss the answers to the topics in small groups or as a whole.
- Discuss the following wrap-up questions
 - What did you learn about yourself?
 - What did you learn about others?
 - What did you do today of which you are particularly proud of?
 - How can you use what you learned in other life situations?
 - What beliefs about yourself and others were reinforced today?
 - Did you improve any skills during your experience?
 - Would you do anything differently if you were starting the activity again with this group?
 - What would you like to say to your group members?

Pre-Activity Discussion Topics

Listening

- Discuss good listening skills and their importance when working in a group

Pre-Activity Discussion Topics

Making Group Decisions

- Discuss positive and negative ways a group can reach a decision.
- What makes this process easier? Harder?

Leadership

- Discuss the qualities of an effective leader.
- Ask, What kind of person do you like to follow?

Cooperating

- Why is cooperation important when working in a group?

Following Others

- Compare & Contrast following versus leading.

Trusting the Group

- What is trust?
- Who do you trust?
- How is trust earned? Lost?
- Can lost trust be regained? At what expense?

Post-Activity Discussion Topics

Listening

- How did it feel to be heard when you made a suggestion?
- Were all of these suggestions heard? Explain answer.
- What interfered with your ability to listen to others?
- How can this interference be overcome?
- Did you prevent yourself from listening well? How?
- Did you listen differently today than usual?

Post-Activity Discussion Topics

Making Group Decisions

- How were group decisions made in completing the activity?
- Were you satisfied with the ways decisions were made?
- Did one or several group members make decisions?
- Did everyone express an opinion when a choice was available?
- What did you like about the way the group made decisions? Dislike?

Leadership

- Who assumed leadership roles during the activity?
- Did any certain behaviors demonstrate leadership?
- Did the leadership roles shift to other people?
- Who thought they were taking a leadership role? How?
- Was it difficult to assume a leadership role with this group?
- Why did you choose not to take a leadership role?
- How does being a good leader fit into everyday life?

Cooperating

- How did it feel to cooperate?
- How did you learn to cooperate?
- What are the rewards of cooperation?
- Are there any problems associated with cooperation?
- How did cooperative behavior lead to successfully completing the activity?
- Did you think anyone was blocking the group from cooperating?
- How can you cooperate in other areas of your life?

Following Others

- Who assumed a follower role at times? How did it feel?
- How did it feel to follow different leaders?
- Was being a follower an important role in the group?

Trusting the Group

- Can you give examples of when you trusted someone in the group?
- On a scale of 1-10, rate how much trust you had in the group at the beginning of the experience. Now rate the trust level at the completion of the experience.
- Did the numbers change? If so, why?

GROUP GOALS SHEET

Group name: _____

Activity date: _____

"Ideas are the beginning of all achievement" - Bruce Lee

Please complete this form and mail it back with your final payment (at least one week in advance of your activity date). Doing this will help our staff properly prepare for your group's needs and allow your experience to run smoothly.

Give a brief description of your groups background. Highlight how the group knows each other, or if this will be the first time meeting. Also include how often group members will have the opportunity to interact with one another after their experience at The Adventure Education Center.

Example: We are bringing our 7th grade classes to participate in the teambuilding initiatives. Our junior high serves as a feeder school for 4 different elementary schools. Therefore, most children do not know each other very well. The children are broken into groups according to the homeroom classes.

List Specific Goals or Discussion Topics you would like addressed during your groups experience.

Examples: To give our students practice listening and following directions.

We would like to build trust among group members since they will be forced to rely on each other throughout their basketball season.

1. _____

2. _____

3. _____

4. _____

Mail to: Katie Tennant
The Adventure Education Center
535 B Lakeview Plaza Blvd
Worthington, OH 43085
614.846.8946

Participant List

Group Leader _____ School/Organization _____

Date _____ Ages (9-12) (13-15) (16-18) (19-24) (25+)

Name	Emergency Phone Number	Notes <i>(allergies, special needs, etc.)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

The Adventure Education Center

a division of

Direct Instructional Support Systems, Inc.

Name: _____ Age: _____

Address: _____ Activity Date: _____
Number & Street City State Zip Code

Phone: _____ Group Name _____

Emergency Medical Information

IF YES, please explain on the lines following the question.

No YES

Please identify allergies to foods, drugs, insect bites, dust, and nature of reaction.

Please identify physical disabilities or conditions which might limit your participation.

Please identify any medications you are currently taking.

In Case of Emergency Contact:

Name	Relationship	Home Phone	Work Phone
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Statement of Understanding

You are aware in signing this statement for participation in the programs of The Adventure Education Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and the ability to participate in the activity. If, for any reason, you question your ability to participate in the activity, please consult with the facilitators before participation. While it is impossible to foresee all possible dangers, some of the specific hazards you might encounter while using the ropes courses, initiatives course, outdoor climbing wall, trapeze jump, vertical playpen and Giant's Ladder include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries.

Please note most activities are conducted outside in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. The facilitators will take every reasonable precaution to minimize exposure to known risks; however, as a participant you acknowledge the nature of the activity and the fact not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent you participate in such activities. If, at any time, you have questions about the activity, you have the responsibility to consult your facilitator. Sponsoring agencies have the responsibility to provide a progression of appropriate activities leading to The Adventure Education Center.

I recognize there is significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify I, or any minor children, are fully capable of participating in the activities. I assume full responsibility for myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of any minor children. I also realize any photos taken of me by staff during the activities become D.I.S.S. property. I will not receive any compensation for the use of said photos.

Authorization (Parent or Legal Guardian)

Date of Authorization

**If participant is under 18 years old, please complete and sign both sides of this form.
 For participants 18 years old or older, please complete this side only.**

**Emergency Medical Authorization for Participants
Under 18 Years of Age**

Participant _____ Age _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under The Adventure Education Center and sponsoring agency authority, when parents or guardians cannot be reached.

Part 1 or Part 2 Must Be Completed

Part 1 (To Grant Consent)

In the event reasonable attempts to contact me at one of these phone numbers: _____
or _____ or (other parent or guardian) at _____ have been unsuccessful, I hereby grant my consent for:

1. The administration of any treatment deemed necessary by Dr. _____
(preferred physician)
at _____ (phone number) or by Dr. _____ at
(preferred dentist)
_____ (phone number) or in the event the designated preferred practitioner is not
available, by another licensed physician or dentist, and

2. The transfer of the child to _____ or any hospital reasonably
accessible. This authorization does not cover major surgery unless the medical opinions of the
two other licensed physicians or dentists, concurring in the necessity for such surgery are
obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

X _____
Signature (parent or legal guardian) Date

Part 2 (DO NOT COMPLETE IF YOU COMPLETED PART 1)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment. I wish the Adventure Education Center and sponsoring agency authorities to take no action or to

X _____
Signature (Parent or Legal Guardian) Date

**If participant is under 18 years old please complete and sign both sides of this form.
For participants 18 years old or older please complete the reverse side**

The Adventure Education Center

Health Information

Physical activities conducted at the Adventure Education Center follow a "challenge by choice" philosophy. The level at which you participate is your choice. The information being requested is for the sole purpose of maintaining a safe environment during our activities and will remain strictly confidential. While all situations cannot be predicted, proper information from individuals will enable the facilitator to eliminate certain risks and to be properly informed in case of an emergency. We thank you for your cooperation.

Name: _____ Date of Birth: _____
 Address: _____
 Phone Number _____ Activity Date: _____

General Information:

Please answer "yes" or "no" to the questions below: If "yes", describe in the spaces below.

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| 1. Smoker | <input type="checkbox"/> | <input type="checkbox"/> | 7. Emergency room visit within past year | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pregnant | <input type="checkbox"/> | <input type="checkbox"/> | 8. Neck/Back/Shoulder/Knee/Ankle | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Medical equipment | <input type="checkbox"/> | <input type="checkbox"/> | pain, injury or persistent limb | | |
| 4. Seizure within past year | <input type="checkbox"/> | <input type="checkbox"/> | problems | | |
| 5. Family history of heart attack | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other medical issues/illness | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hospitalization within past 2 years | <input type="checkbox"/> | <input type="checkbox"/> | symptoms or requirements | | |

Please list current conditions which may limit your participation.

Medical Information:

A. Allergies: (including Medicines, Foods, Bites, and Stings) list below: None

allergy	reactions	medication required

B. Medications: List any medications you are using, including psychiatric and over-the-counter medications below: None

medication	condition	dosage(size/frequency)	current side effects

C. Current Exercise Activity Level: Please List None

activity	frequency	time/distance	leisure	moderate	intense

In case of emergency, please call:

Name _____ Relationship _____ Work phone _____ Home phone _____

The above statements are true to the best of my knowledge

I hereby decline to provide the requested information

Statement of Understanding

In signing this Statement of Understanding, you are aware that certain physical activities are demanding. Therefore, physical fitness will increase your enjoyment and the ability to participate in the activities. If for any reason, you question your ability to participate in the activities, please consult with the facilitators before participation. While it is impossible to foresee all possible dangers, some specific hazards you might encounter while using the ropes course, initiatives course, individual high elements include: slipping or falling on the trail, bumps, bruises, cuts, rope burns, insect bites, poison ivy, sprains, fractures, or other injuries. Please note most activities are conducted outside in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements.

The facilitators will take every reasonable precaution to minimize exposure to known risks; however as a participant, you acknowledge the nature of the activities and the fact that not all stresses and hazards connected with the activities can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent you participate in such activities. If, at any time, you have questions about the activities, you have the responsibility to consult your facilitator. Sponsoring agencies have the responsibilities to provide a progression of appropriate activities leading to the Adventure Education Center.

I recognize there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the adventure activities. I assume full responsibility for myself, for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence.

I also realize that any photos taken of me by staff during the activities become property of Direct Instructional Support Systems, Inc. and I will receive no compensation for said photos.

Authorization

Date

Direct Instructional Support Systems, Inc.
P.O. Box 691
Worthington, Ohio 43085-0691
(614) 846-8946
www.adventurecenter.org

The Adventure Education Center
a division of
Direct Instructional Support Systems, Inc.
ADULTS NOT PARTICIPATING

NAME: _____

AGE: _____

ADDRESS: _____

ACTIVITY DATE: _____

Number & Street City State Zip Code

PHONE: _____

GROUP NAME: _____

Area Code Number

Emergency medical Information

IF YES, please explain on the lines following the question

NO YES

 Please identify allergies to foods, drugs, insect bites, dust and nature of reaction.

 Please identify physical disabilities or conditions which might limit your participation.

 Please identify any medication you are currently taking.

In Case of Emergency Contact:

 Name Relationship Home Phone Work or Cell Phone

Statement of Understanding

You are aware in signing this statement for participation in the programs of *The Adventure Education Center* that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and the ability to participate in the activity. If, for any reason, you question your ability to participate in the activity, please consult with the facilitators prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards you might encounter while using the ropes courses, initiatives course, individual high elements include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries.

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I recognize there is an element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify to the best of my knowledge that I am fully capable of participating in the activities. I assume full responsibility for myself for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence. I also realize any photos of me taken by staff during the activities become D.I.S.S., Inc, property. I will not receive any compensation for the use of said photos.

 Signature

 Date of Authorization